

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007482

FILED
Apr 21, 2012
Secretary of State

Entity Name: KAPPA PSI PSI HEALTHCARE SORORITY, INC.

Current Principal Place of Business:

334 PALMER AVE WEST
LEWIS-BECK BUILDING
TALLAHASSEE, FL 32307

New Principal Place of Business:

Current Mailing Address:

PO BOX 70397
TALLAHASSEE, FL 32307

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHINGTON, CAMILLE
334 PALMER AVE WEST
LEWIS- BECK BUILDING
TALLAHASSEE, FL 32307 US

Name and Address of New Registered Agent:

RENTZ, JAYME
334 PALMER AVE WEST
LEWIS- BECK BUILDING
TALLAHASSEE, FL 32307 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAYME RENTZ

04/21/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: RENTZ, JAYME
Address: PO BOX 70397
City-St-Zip: TALLAHASSEE, FL 32307

Title: VP
Name: REGIS, KIMBERLY
Address: PO BOX 70397
City-St-Zip: TALLAHASSEE, FL 32307

Title: T
Name: REGIS, KIMBERLY
Address: PO BOX 70397
City-St-Zip: TALLAHASSEE, FL 32307

Title: A&R
Name: ADAMS, CRYSTAL
Address: PO BOX 70397
City-St-Zip: TALLAHASSEE, FL 32307

Title: PA
Name: MARCELIN, SARAH
Address: PO BOX 70397
City-St-Zip: TALLAHASSEE, FL 32307

Title: C
Name: BELL, TYNIESHA
Address: PO BOX 70397
City-St-Zip: TALLAHASSEE, FL 32307

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAYME RENTZ

P

04/21/2012

Electronic Signature of Signing Officer or Director

Date